

CERTIFICATE OF AUTHORITY FOREIGN LIMITED LIABILITY PARTNERSHIP

Office of the Secretary of the State
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 10/01/2004

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Filing Fee: \$60.00

Please contact the Department of Revenue Services or your tax advisor as to any potential tax liability relating to your business.

**1. NAME UNDER WHICH THE LIMITED LIABILITY PARTNERSHIP WILL TRANSACT BUSINESS
IN CONNECTICUT:**

**2. NAME OF THE LIMITED LIABILITY PARTNERSHIP IN ITS STATE/JURISDICTION OF
REGISTRATION:**

3. STATE JURISDICTION WHERE LIMITED LIABILITY PARTNERSHIP IS REGISTERED:

4. DATE OF REGISTRATION IN ITS STATE/JURISDICTION:

**5. ADDRESS REQUIRED IN STATE/JURISDICTION OF REGISTRATION OR PRINCIPAL
OFFICE ADDRESS OF THE LIMITED LIABILITY PARTNERSHIP:**

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6. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS: (see Conn. Gen. Stat. section 34-408))

Name of agent:

Business address:

Residence address:

Acceptance of appointment

Signature of agent

**7. THE DATE ON WHICH THE LIMITED LIABILITY PARTNERSHIP
COMMENCED TRANSACTING BUSINESS IN CONNECTICUT:**

_____/_____/_____
Month Day Year

8. BUSINESS IN WHICH THE LIMITED LIABILITY PARTNERSHIP ENGAGES:

**The partnership is a "foreign registered limited liability partnership"
as defined in Conn. Gen. Stat. Section 34-301(4).**

9. EXECUTION:

Dated this _____ day of _____, 20____.

10.

11.

Name of partner

Signature